

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD AND SYSTEM FOR AUTHENTICATION
Attorney Docket Number::	GELLER1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Avner

Middle Name::
Family Name:: GELLER
Name Suffix::
City of Residence:: Tel Aviv
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 8 Motta Gur Street
City of Mailing Address:: Tel Aviv
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 69694
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Shay

Middle Name::
Family Name:: DARDIKMAN
Name Suffix::
City of Residence:: Tel Aviv
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 11 Fishman Street
City of Mailing Address:: Tel Aviv
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 64236

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type::

Parent
Application:: Parent Filing
Date::

This Application National Stage of

PCT/IL02/000781 09/23/02

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::